05/22/2001 12:49 407-331-3431 ROBERT COH

FILED
May 30, 2001 8:00 am
Secretary of State
05-04-2001 90015 012 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060299

1. Entity Name
ABSHER & SONS, INC.

Principal Place of Business
310 S. MILWEE STREET
LONGWOOD FL 32750

Mailing Address
310 S. MILWEE STREET
LONGWOOD FL 32750

47313

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 210 W Seaport Blvd
Suite, Apt. #, etc.
City & State: Cape Canaveral, Florida
Zip: | Country: Brevard

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number: 59-3650213 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COHEN, ROBERT C
310 S. MILWEE STREET
LONGWOOD FL 32750

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
N/A
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Betty Absher DATE: 04/27-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Owner	☐ Delete
NAME	Betty Absher	
STREET ADDRESS	210 W. Seaport Blvd	
CITY-ST-ZIP	Cape Canaveral, FL. 32920	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty Absher Betty Absher 04/27/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #